

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109419

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** ANESTHESIA CONCEPTS, L.L.C.

**Current Principal Place of Business:**

5155 DEESON POINTE COURT  
LAKELAND, FL 33805

**New Principal Place of Business:**

5155 DEESON POINTE CT  
LAKELAND, FL 33805

**Current Mailing Address:**

5155 DEESON POINTE COURT  
LAKELAND, FL 33805

**New Mailing Address:**

P.O. BOX 91713  
LAKELAND, FL 33804

**FEI Number:** 20-3789873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOVIK, RICHARD J MGR  
5155 DEESON POINTE COURT  
LAKELAND, FL 33805 US

**Name and Address of New Registered Agent:**

HALL, KIMBERLY  
5155 DEESON POINTE COURT  
LAKELAND, FL 33805 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIMBERLY HALL

01/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DOVIK, RICHARD J II  
Address: P.O. BOX 91713  
City-St-Zip: LAKELAND, FL 33804

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD DOVIK

MGR

01/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date